

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	X205	2-3-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		70679	3/27/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/29/00
2	✓	✓	3/29/00
3	✓	✓	3/29/00
4	✓	✓	3/29/00
5	✓	✓	3/29/00
6	✓	✓	3/29/00
7	✓	✓	3/29/00
8	✓	✓	3/29/00
9	✓	✓	3/29/00
10	✓	✓	3/29/00
11	✓	✓	3/29/00
12	✓	✓	3/29/00
13	✓	✓	3/29/00
14	✓	✓	3/29/00
15	✓	✓	3/29/00
16	✓	✓	3/29/00
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18	✓	✓	3/29/00
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41	✓	✓	3/29/00
42	✓	✓	3/29/00
43	✓	✓	3/29/00
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Claim	Final	Original	Date
51	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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